

Docket No. 7156/52427-AA/JPW/GJG/BJAIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Don Fishbein

Serial No. : 10/799,264 Examiner: A.A. Lewis

Filed : March 12, 2004 Group Art Unit: 1614

For : Use of Oxandrolone in the Treatment of Burns and Other Wounds

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: October 26, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	16 -	* 20 =	*** 0 X	\$25	\$50	=		0
Indepen- -dent Claims	1 -	** 3 =	*** 0 X	\$100	\$200	=		0
Multiple Dependent Claim(s) Presented For First Time _____ Yes <input checked="" type="checkbox"/> No				\$180	\$360	=		0
				TOTAL ADDITIONAL FEE			\$	0

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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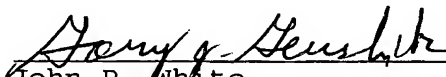
The following are also enclosed:

- ☐ One additional copy of this Amendment Transmittal Letter
- ☐ Return Receipt Postcard
- ☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ 180.00 included)
- ☒ A Petition for an Extension of Time, including a fee of
\$ 120.00 for a Petition for 1 Month(s) Extension of Time
- ☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 300.00.

- ☒ A check in the amount of \$ 300.00 is enclosed.
- ☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.
- ☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
- ☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
- ☐ Patent application processing fees under 37 C.F.R. §1.17

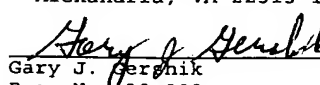
Respectfully submitted,


John P. White

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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.


Gary J. Gershik
Reg. No. 39,992

Date